

REGISTRATION FORM

34950

Please complete the form below. Please use CAPITAL LETTERS ONLY with Black or Blue ink.

Course #

Course Start Date

Social Security #

Date of Birth

First Name

M.I.

Last Name

Extension:

☐ Jr. ☐ Sr. ☐ III.

Home Street Address (DO NOT INCLUDE CITY & STATE and PUT SPACES WHERE NEEDED)

Apt #

Home Phone Number

Zip Code

Work Phone Number

Jurisdiction Served

MCODE

Fill in **ONLY ONE** primary and as many secondary positions that apply
Emergency Service Positions

	Primary	Secondary
Fire fighter	<input type="radio"/>	<input type="radio"/>
Police	<input type="radio"/>	<input type="radio"/>
EMS/BLS	<input type="radio"/>	<input type="radio"/>
EMS/ALS	<input type="radio"/>	<input type="radio"/>
Doctor	<input type="radio"/>	<input type="radio"/>
Health officer	<input type="radio"/>	<input type="radio"/>
Hazmat team	<input type="radio"/>	<input type="radio"/>
Indust. fire brigade	<input type="radio"/>	<input type="radio"/>
Public works	<input type="radio"/>	<input type="radio"/>
Utility authority	<input type="radio"/>	<input type="radio"/>
Emergency mgmt.	<input type="radio"/>	<input type="radio"/>
NJDEP responder	<input type="radio"/>	<input type="radio"/>
Govt. official	<input type="radio"/>	<input type="radio"/>
Educator/trainer	<input type="radio"/>	<input type="radio"/>
Other public sector	<input type="radio"/>	<input type="radio"/>
Other private sector	<input type="radio"/>	<input type="radio"/>
R.N.	<input type="radio"/>	<input type="radio"/>
Physicians Asst.	<input type="radio"/>	<input type="radio"/>

Instructor #'s

Sex

☐ Male☐ Female

Ethnicity

☐ Black☐ Hispanic☐ Asian☐ Caucasian☐ Other

Language

☐ English☐ Spanish☐ Other

Education Level

☐ Some High School☐ High School Grad☐ Some College/Tech. Training☐ College Tech. School Degree☐ Some Graduate Studies☐ Graduate Degree

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been ill or injured due to hazardous substances? ☐ Yes ☐ No2. Are you enrolled in a medical surveillance program? ☐ Yes ☐ NoIf Yes - Have you had a baseline program? ☐ Yes ☐ No- Were the results explained to you? ☐ Yes ☐ No- Are you examined annually? ☐ Yes ☐ No3. Has any employer provided you with other health and safety training within the last two years? ☐ Yes ☐ NoIf Yes - Did it cover your rights under Federal OSHA laws? ☐ Yes ☐ No- Did it cover your rights under State laws? ☐ Yes ☐ No

Answer For Primary Position

☐ Volunteer☐ Paid Part-Time ☐ Public Sector☐ Paid Full-Time ☐ Private Sector